

POSITION <i>CM</i>	INITIALS <i>YJGAC</i>	ID NO. <i>875</i>	DATE <i>5-16-98</i>
FEES DETERMINATION	<i>W</i>	<i>71534</i>	<i>02-18-98</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>2-24-98</i>
FORMALITY REVIEW	<i>RS</i>	<i>71535</i>	<i>3/26/98</i>

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/17/98
2	✓	✓	4/17/98
3	✓	✓	3/23/98
4	N		
5	✓		
6	✓		
7	✓		
8	✓		
9	✓		
10	✓		
11	N		
12	N		
13			
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21			
22	✓	✓	4/17/98
23		A	✓
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25			
26	N		
27	✓	✓	4/17/98
28	✓		
29	✓	✓	4/17/98
30	✓		
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here

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